

**Application Information**

Application Number:: 10/643,546
Filing Date:: 08/19/03
Application Type:: Regular
Subject Matter:: Utility
Title:: COMBINATION THERAPY FOR HYPERPROLIFERATIVE DISEASE
Attorney Docket Number:: PC23311A

Inventor Information

Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: US
Given Name:: Jitesh P.
Family Name:: Jani
City of Residence:: East Lyme
State or Prov of Residence:: CT
Country of Residence:: US
Street:: 14 Cardinal Road
City:: East Lyme
State or Province:: CT
Postal or Zip Code:: 06333
Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: US
Given Name:: Jean S.
Family Name:: Beebe
City of Residence:: Salem
State or Prov of Residence:: CT
Country of Residence:: US
Street:: 383 Forsyth Road
City:: Salem
State or Province:: CT
Postal or Zip Code:: 06420
Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: US
Given Name:: Tracey L.
Family Name:: Schaeffer
City of Residence:: Franklin
State or Prov of Residence:: CT
Country of Residence:: US
Street:: 4 Hyde Park Road
City:: Franklin

State or Province:: CT
Postal or Zip Code:: 06254
Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: US
Given Name:: Diane I.
Family Name:: Healey
City of Residence:: Madison
State or Prov of Residence:: CT
Country of Residence:: US
Street:: 38 Grouse Lane
City:: Madison
State or Province:: CT
Postal or Zip Code:: 06443
Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: US
Given Name:: Karen J.
Family Name:: Ferrante
City of Residence:: East Greenwich
State or Prov of Residence:: RI
Country of Residence:: US
Street:: 150 Adirondack Drive
City:: East Greenwich
State or Province:: RI
Postal or Zip Code:: 02818
Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: US
Given Name:: James J.
Family Name:: O'Leary
City of Residence:: Mystic
State or Prov of Residence:: CT
Country of Residence:: US
Street:: 195 High Meadow Lane
City:: Mystic
State or Province:: CT
Postal or Zip Code:: 06355

Correspondence Information

Correspondence Customer Number:: 23913

Representative Information

Representative Customer Number:: 23913

Assignee Information

Assignee Name:: Pfizer Inc